

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055374	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/27/2024
NAME OF PROVIDER OR SUPPLIER  Upland Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1221 East Arrow Hwy Upland, CA 91786	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42615</b></p> <p>Based on observation, interview, and record review, the facility failed to ensure reasonable accommodation of resident needs and preferences was provided when one resident of four sampled residents (Resident 1) was not provided a bedside commode and not assisted to the bathroom for toileting.</p> <p>This failure had the potential to cause Resident 1 a psychological effect for maintaining respect and dignity.</p> <p>Findings:</p> <p>During a review of Resident 1' Admission Record (general demographics) on June 27, 2023, the document indicated Resident 1 was admitted to the facility on [DATE], with diagnoses that include cardia arrest (a condition that occurs when the heart stops beating suddenly) pericardial effusion (a condition that occurs when there is a buildup of extra fluid in the space around the heart).</p> <p>A review of Resident 1's care plan dated, November 8, 2023, indicated, Focus: ADL (Activities of daily living) self care performance deficit r/t (related to) limited mobility. Goal: Will safely perform bed mobility, transfers, eating, dressing, grooming, toilet use and personal hygiene with modified independence . Interventions: . Promote dignity by ensuring privacy.</p> <p>During an interview on June 27, 2024, at 4:35 PM, with Registered Nurse 1 (RN 1), RN 1 stated, We usually assess residents upon admission and if they are able to transfer, we assist them to the bathroom when they request. RN 1 further stated, We also provide bedside commode if that is what the residents prefer.</p> <p>During a phone interview on July 1, 2024, at 4:35 PM, with the Director of Nurse (DON) stated, The RN on duty usually does a resident assessment upon admission for safe transfer to the bathroom. The DON further stated, Residents are usually assisted to the bathroom upon request.</p> <p>A review of the facility's policy and procedure (P&amp;P), titled, Admission, Transfer and Discharge Rights dated, February 2024, indicated, .Procedures: 1. The primary purpose of our admission policies is to establish uniform guidelines for personnel to following admitting residents to the facility . 3. The objectives of our admission policies are to: .B. Admit residents who can be adequately cared for by the facility.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE